

## MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

## ORIGINAL OR AMENDED STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

4. Committee ID #s		(C) (III)	AND THE STATE OF T	
1. Committee ID #:	137637		11. Name and Address of Depositories or Intended Depositories	
			of committee funds. (Michigan Bank, Credit Union or Savings & Loar	
2. Type of Filing:			Association)	
Original			a. Official Depository	
□ Amendment to Iter	ms: Eff. C	)ate://		
0 Full Manager - 6.0 -	444		mo F	
3. Full Name of Committee: Committee to Elect MARK Pup MRXIII For City Council			20 c p	
Committed		and a side		
An Condidate Euli A	Name (Last, First, M.I.	CONCIL	b. Secondary Depository	
4a. Gamuluate Full r	vame (Last, First, W.I.	.):		
4b. Political Party (	if applicable)		HQ) O	
PD. 1 Onticall alty (	ii appiicabie).		12.   This item applies only to Gubernatorial Candidate	
4c. County of Residence:			Committees: Check if this committee intends to seek qualifying	
,	.01.00		contributions or make qualifying expenditures.	
4d. Office Sought (C	Check one):		qualitying expenditures.	
□Governor	□Lt. Governor	☐State Senator	13. ELECTRONIC FILING: This item applies to committees that	
∃State Rep.	☐Sec. of State	☐Attorney Gen.	with the Michigan Department of State Bureau of Elections only a	
∃State Bd. of Ed.	□UofM Reg.	☐MSU Trustee	does not apply to candidates that file with the County Clerk's office.	
WSU Gov.	□Supreme Court	□Appeals Court		
Circuit Court	□District Court	□ Probate Court	The Campaign Finance Act requires any committee that fil	
Municipal Court	District Court	□F10bate Couft	with the Secretary of State and spends or receives \$20,000 in t	
Local or other pleas	o specific		preceding calendar year OR expects to receive or spend \$20.0	
			in the current calendar year to file campaign statemen	
e District/Circuit #	or Jurisdiction:	10411	electronically. Merts Plus software is provided to you free	
o. District on out #	or garisaiction. Ne	m RALLWONE.	charge to assist you in meeting this requirement.	
5. Date Committee was Formed: / /		-	Committee another received an article	
······································		<del></del>	Committee spent or received or expects to spend or receive in	
6a. Committee Phone #: ( )		_	excess of \$20,000 and is required to file electronically.  ** OR **	
	· /		777	
6b. Committee Fax #: ( )6c. Committee E-mail Address:		- <u> </u>	☐ Committee did not spend or receive or does not expect to spel or receive in excess of \$20,000 and would like to file electronical	
			voluntarily.	
c. Committee E-ma	il Address:		Total Mary.	
a. Complete Comm. Mailing Address (May be PO Box):			14. Verification: I/We certify that all reasonable diligence was use	
a. Complete Contin	i. Maining Address (Mi	iy be PO Box):	in the preparation of the above statement and that the contents a	
			true, accurate and complete to the best of my/our knowledge	
			belief. If filing electronically, we further agree that the signature	
7b. Complete Comm. Street Address (May not be PO Box):		not be PO Box):	below shall serve as the signatures that verify the accuracy at	
complete commi	odoot radicos (ina)	motion o box.	completeness of each statement filed electronically by the committee	
			I/We certify that all reasonable diligence will be used in the	
			preparation of each statement electronically filed by this committee	
8. Treasurer Name and Complete Address:		:	and that the contents of each statement will be true, accurate ar	
			complete to the best of my/our knowledge or belief. (Sign Nam and Date)	
			and vale)	
			Candidate:	
hone #: (	)			
mail Address:			Mun typull 6,24,05	
<b>B</b> • 4 • <b>B</b>			1/1/1/1 Pymil 6,24,05	
Designated Record	d Keeper Name and C	omplete Address:		
			Current Treasurer:	
hone #: (	١			
E-mail Address:				
10.   REPORTING WAIVER REQUEST: If the committee does		la a	Designated Record Keeper (Required only if filing electronically):	
not expect to receive or expend in excess of \$1,000 in an election		n,uuu in an election		
and checks this box; the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be		pre, post and annual		
and checks this box; tr	is waived. The Denetic	a Maiyar will be	<del></del>	
campaign statements i	is waived. The Reporting committee exceeds the	g Waiver will be		